



1135 E. Route 66, Suite 108
Glendora, CA 91740
626 852-2202

Dear Client:

The Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your income tax return. Please complete the organizer sections and provide supporting documentation where necessary.

Please supply us with the following additional information:

- A copy of your prior year tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S Corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities.

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,
Calvary Tax Service

Tax Organizer



1135 E Route 66 Suite #108
 Glendora, CA 91740
 Phone: (626) 852 - 2202
 Fax: (626) 852 - 0804

This tax organizer will assist you in gathering information necessary for the preparation of your tax return for your upcoming appointment.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
<input type="checkbox"/> blind		
Home phone		
Cell phone		
E-mail address		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

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WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
- Form 1099-MISC - Miscellaneous income
- Form 1099-K - Merchant card and third party network payments
- Form 1099-S - Sales of real estate (also include closing statements) .

- Form 1099-G - State tax refunds.....

Taxpayer:

- Form SSA-1099 - Social security benefits
- Form 1099-G - Unemployment compensation
- Form 1099-Q (529 Plan)
- Form 1099-QA/5498-QA (ABLE Accounts)

Spouse:

- Form SSA-1099 - Social security benefits
- Form 1099-G - Unemployment compensation
- Form 1099-Q (529 Plan)
- Form 1099-QA/5498-QA (ABLE Accounts)

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MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received

Other: _____

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

OTHER GOVERNMENT FORMS - DEDUCTIONS

- Form 1098-E - Student loan interest
- Form 1098-T - Tuition and related expenses

AFFORDABLE CARE ACT

- Form 1095-A - Health Insurance Marketplace Statement

ADJUSTMENTS TO INCOME

Taxpayer:
Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:
Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other: _____

TAXES PAID

State income taxes - 1/24 payment on 2023 state estimate

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TAXES PAID (continued)

- State income taxes - paid with 2023 state extension
- State income taxes - paid with 2023 state return
- State income taxes - paid for prior years and/or to other states
- City/local income taxes - 1/24 payment on 2023 city/local estimate
- City/local income taxes - paid with 2023 city/local extension
- City/local income taxes - paid with 2023 city/local return
- State and local sales taxes (except autos and special items)
- Use taxes paid on 2024 purchases
- Use taxes paid on 2023 state return
- Sales tax on autos not included above
- Sales taxes paid on boats, aircraft, and other special items
- Real estate taxes - principal residence
- Real estate taxes - property held for investment
- Foreign income taxes
- Personal property taxes (including automobile fees in some states)

INTEREST PAID

Home mortgage interest and points paid:

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Points not reported on Form 1098:

Investment interest (interest on margin accounts):

Passive interest

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)

Number of charitable miles

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues

Tax return preparation fee

Safe deposit box rental

Investment expenses

Estate tax, section 691(c)

Unreimbursed employee expenses:

Other:

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during the tax year, did you: receive or sell, exchange, gift, or otherwise dispose of digital asset? |